Daytime Support: 1 800 661 8569
06:00 to 18:30 MT
Fax: 1 403 255 6437

www.clinicare.com
support@clinicare.com

FAX FORM FOR CLINICARE SUPPORT

Client Number/Name: _____

Date: _____ Time: _____

Urgency: Low Medium High Pages Included in this Fax: _____

Respond to Name/Number: _____

Incident Number: _____ CLINICARE Representative _____

Description of the issue:

Product (EMR, Lab, Billing etc.): _____

Specifics about the issue: _____

_____

_____

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